Complete and send this form, together with applicable fee(s), to: Mail OEC 0 6 2004 or Fax				Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450			
<u> </u>			or <u>Fax</u>	(703) 746-4000		<u> </u>	
INSTEADE This for appropriate. All further corrindicated unless corrected b maintenance fee notification.	elow or directed otherwise i	mitting the ISSU atent, advance or n Block I, by (a	JE FEE and PUB ders and notificat) specifying a nev	LICATION FEE (if requience fees we correspondence address	ired). Blocks 1 through 5 s vill be mailed to the current ; and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 09/22/2004				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
Chia-Shing Chou 517 Hastings Court Oak Park, CA 91377				I hereby certify that the States Postal Service addressed to the Main	rtificate of Mailing or Tran his Fee(s) Transmittal is bein with sufficient postage for fin il Stop ISSUE FEE address TO (703) 746-4000, on the	ig deposited with the United ist class mail in an envelope above, or being facsimile	
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01 FC:2501 02 FC:1504			12-2	NJ (1)	(Signature) (Date)		
APPLICATION NO.	FILING DATE	FIRST NAMED INV		/ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/783,772 TITLE OF INVENTION: F METAL DIMPLE CONTAC			Chia-Shing C A PLANAR CAN		WMI002 ACE LEAKAGE, REPROD	⁶⁶⁶⁵ UCIBLE AND RELIABLE	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$ 665	685	\$300	# 985	12/22/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS	A 10 ->		
MULPURI, SAVITRI		2812		438-048000			
CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			or agents OR, a (2) the name o registered attor 2 registered pa listed, no name	1) the names of up to 3 registered patent attorneys ragents OR, alternatively, 2) the name of a single firm (having as a member a egistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is isted, no name will be printed.			
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNED WITE	an assignee is identified bel 37 CFR 3.11. Completion of BE	ow, no assignee f this form is NO (E	data will appear of T a substitute for f B) RESIDENCE: (6	on the patent. If an assignifing an assignment. CITY and STATE OR CO	·		
Please check the appropriate 4a. The following fee(s) are of			inted on the patent D. Payment of Fee(`	orporation or other private gi	roup entity Government	
Issue Fee	inclosed.		`	s). e amount of the fee(s) is e	nclosed.		
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5. Change in Entity Status a. Applicant claims SM	(from status indicated above) MALL ENTITY status. See 3		☐ b. Applicant i	s no longer claiming SMA	LL ENTITY status. See 37 (FR 1 27(a)(2)	
The Director of the USPTO in NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Issue	Fee and Publica	tion Fee (if any) o				
Authorized Signature	Ole-8	> 00	rie	Date	12-2-0	4	
Typed or printed name CHIA-SHING CHOU			.U		ı No		
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PART B - FEE(S) TRANSMITTAL

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